

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015556

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 112 Primary Registration District No. 5429 Registrar's No. 9

FILED MAY 1 1963

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Beaufort Lyon		c. CITY OR TOWN Beaufort	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Beaufort, Mo. R.R.#1		d. STREET ADDRESS (If outside, give location) R.R.#1	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) George Carl Love			4. DATE OF DEATH Month April Day 21 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/4/82	9. AGE (last birthday) 70 Yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Worker		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (City and state or country) Calhoon, Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Frank Love		13b. MOTHER'S MAIDEN NAME Delia Jones	
14. NAME OF DECEASED WIFE Marie Mattingly Love		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes W.W. 1		16. SOCIAL SECURITY NO. 2	
17. INFORMANT Richard Love		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure DUE TO (b) Hepatic Failure (metastatic carcinoma) DUE TO (c) Carcinoma of Bladder PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Pulmonary Emphysema + Fibrosis		19. INTERVAL BETWEEN ONSET AND DEATH 5 days 30 days 10 months	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from June 1962 to 21 Apr 63 and last saw him alive on 19 Apr 63 Death occurred at 42:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Wm Richardson, M.D.		(Degree or title)		22b. ADDRESS Union, Mo	
22c. DATE SIGNED 23 Apr 63					

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/24/63		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.		24. FUNERAL DIRECTOR Harold W. Holderrieth, Beaufort, Mo.		25. DATE RECD. BY LOCAL REG. April 23-1963	
26. REGISTRAR'S SIGNATURE John Charles Finley					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 **0360**
2 **0360**
3
4 **0**
5 **3**
6
7 **1**
8 **2**
9 **181.0**
10
11
12 **90-0**
13 **2-0**

MAY 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Union Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.